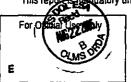
U.S. Department of Labor Office of Labor-Management Standards , Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

appendatory under P L. 86-257, as amended Faiture to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U-/0847	2 Fiscal Year Covered From
	1 /1 /04 Through 12/31 /04
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name Carl Reglin	Name Laborers' Local 727
•	Labor Organization File Number 001746
PO Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any
Street 1211 Long St./	Street 768 Bloody Gulch Rd.
City Dixon	City Dixon
State Illinois ZIP Code + 4 61021	State #11inois ZIP Code + 4 61021
5 Position in labor organization Recording Secretary	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name, if any)	7.a. Nature of Interest, Transaction, or Income			
Name	Please be advised that, based on the records that are currently in myu possession related to the calendar			
Trade Name, if any	year 2004, I do not have, to the best of my knowledge, any LM-30 reportable			
P O Box, Bidg , Room No , if any	transactions. I am filing this form			
Street ,- City	7b Amount in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years.			
State ZIP Code + 4				

Signature	
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515 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the info	rmation
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the	best of the
undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions )	

Cal Rylin

8-15-05 On

Date

Telephone Number

	<del> </del>				
Name of Person Filing Carl Reglin	File Number U-				
B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or directly to, or otherwise	is			
8 Name and address of Business (including trade name, if any) 9 Business deals with					
Name					
Trade Name, if any P O Box, Bldg , Room No , if any	a Labor Organiza	ation			
Street	c Employer				
City					
State ZIP Code + 4					
10 If 9 b or 9 c is checked give trust or employer's name	11.a Nature of such deal	ing			
Name	Same as s	ection 7Ao6ftthissreport			
Trade Name, if any					
P O Box, Bldg , Room No , if any		,			
Street	11 b Approximate dollar val	up of such degline			
City	12 a Nature of interest he				
State ZIP Code + 4		,			
	i				
L	12 b Amount.				
	and Balance	<del> </del>			
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or other thing of value				

or from any labor relations consultant to an employer any payment of money or other thing of value							
13 a Name and address of Employer or La (including trade name, if any)  Name	bor Relations Consultant		14 a Nature of payment.  Same as section 7A of thissreport				
Trade Name, if any							
PO Box, Bidg , Room No , if any							
Street						-	
City							
State	ZIP Code + 4	,					,
13 b Is the Business an Employer	or Consultant ?		14 b Amo	ount of	f payment.		